



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1648 CUSTOMER No. 35811
Examiner : Emily M. Le
Serial No. : 10/600,361
Filed : June 20, 2003 Docket No.: 1187-R-02
Applicants : Jean-Marie Andrieu
 : Louis Lu
Title : METHOD, AND COMPOSITIONS Confirmation No.: 7112
 : FOR A THERAPEUTIC ANTIGEN
 : PRESENTING CELL VACCINE
 : FOR TREATMENT OF
 : IMMUNODEFICIENCY VIRUS Dated: January 19, 2004

Mail Stop RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard
Check for \$395.00
RCE Transmittal Letter, in duplicate
Amendment Transmittal Letter, in duplicate
Amendment Accompanying Request for Continued Examination

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to **Mail Stop RCE**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

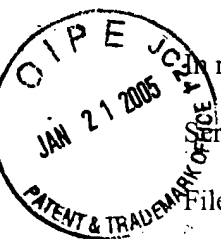
Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

DLA Piper Rudnick Gray Cary US LLP

Customer No. 35811

By: Paul Carango

Date: January 19, 2005



Re Application of Jean-Marie Andrieu et al.

Serial No.: 10/600,361

Filed: June 20, 2003

For: METHOD, AND COMPOSITIONS FOR A THERAPEUTIC ANTIGEN PRESENTING CELL VACCINE FOR TREATMENT OF IMMUNODEFICIENCY VIRUS

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

x Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

— A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 11	-	** 32=	0
INDEP.	* 1	-	** 10=	0
Application Size Fee				
First Presentation of Multiple Dependent Claim				

RATE	ADD'L FEE
x 25 =	\$
X 100 =	\$
	\$
+180=	\$

OR

RATE	ADD'L FEE
x50 =	\$
x 200 =	\$
	\$
x250=	\$
+360=	\$

TOTAL ADDITIONAL FEE

\$0.00

OR

\$ _____

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

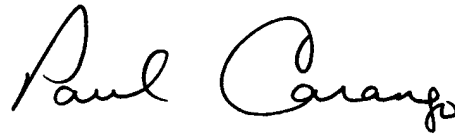
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-2719 in the amount of \$_____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,



Paul Carango
Reg. No. 42,386
Attorney for Applicants

PC:rb
(215)656-3320